

United States of America
Department of Transportation -- Federal Aviation Administration

Supplemental Type Certificate

ST2141RC-R (WED)

Number SR09336RC

This certificate issued to

Aero Dynamix, Inc.
3227 W. Eules Blvd.
Suite 100
Eules, Texas 76040

certifies that the change in the type design for the following product with the limitations and conditions therefor as specified hereon meets the airworthiness requirements of Part 27 of the Federal Aviation Regulations.

Original Product -- Type Certificate Number: H9EU

Make: Eurocopter France

Model: AS-350 B2

Description of Type Design Change: Compatibility of Aero Dynamix, Inc., alternate lighting and filters as installed in accordance with STC SR09335RC with ITT AV4949UL Night Vision Goggles (NVGs).

Limitations and Conditions: This modification is limited to helicopter Serial Number 3422. Rotorcraft Flight Manual Supplement (RFMS), dated March 7, 2002, or later FAA approved RFMS is required. Enloe Medical Center NVG Training Program Documents Numbers EMC 2002-A and EMC 2002-B, dated March 7, 2002, or later FTW-AEG approved revision(s) are required. Operation is limited to air carriers that conduct on-demand and 14 CFR Part 91 operations. Compatibility of this design change with previously approved modifications must be determined by the installer. If the holder agrees to permit another person to use this certificate to alter the product, the holder shall give the other person written evidence of that permission.

This certificate and the supporting data which is the basis for approval shall remain in effect until surrendered, suspended, revoked or a termination date is otherwise established by the Administrator of the Federal Aviation Administration.

Date of application: January 07, 2002

Date reissued:

Date of issuance: March 07, 2002

Date amended:



By direction of the Administrator


(Signature)
Carl F. Mittag, Manager
Rotorcraft Certification Office
Southwest Region

(Title)

INSTRUCTIONS: The transfer endorsement below may be used to notify the appropriate FAA Regional Office of the transfer of the Supplemental Type Certificate.

The FAA will reissue the certificate in the name of the transferee and forward it to him.

TRANSFER ENDORSEMENT

Transfer the ownership of Supplemental Type Certificate Number _____

to (Name of transferee) _____

(Address of transferee) _____
(Number and street)

(City, State, and ZIP code)

from (Name of grantor) (Print or type) _____

(Address of grantor) _____
(Number & street)

(City, State, and ZIP code)

Extent of Authority (if licensing agreement): _____

Date of Transfer: _____

Signature of grantor (In ink): _____

